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APPLICANTS

Babu J. Mavunkel, Sunnyvale, CA;
 David Y. Liu, Palo Alto, CA;
 George F. Schreiner, Los Altos Hills, CA;
 John A. Lewicki, Los Gatos, CA;
 John J. Perumattam, Los Altos, CA;

**** CONTINUING DATA *******

This application is a DIV of 09/316,761 05/21/1999 PAT 6,589,954 which is a CIP of 09/275,176
 03/24/1999 PAT 6,340,685
 which is a CIP of 09/128,137 08/03/1998 PAT 6,130,235
 which claims benefit of 60/086,531 05/22/1998

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 04/09/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Allowance <i>Al-Sch</i> Examiner's Signature	<i>a</i> Initials			

ADDRESS

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TITLE

COMPOUNDS AND METHODS TO TREAT CARDIAC FAILURE AND OTHER DISORDERS

FILING FEE RECEIVED 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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